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PTO/SB/01 (12)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing
OR
☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 3348.2
First Named Inventor Derek Bernhart

COMPLETE IF KNOWN

Application Number /
Filing Date July 19, 2001
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural name: are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**System, Method, and Computer Program Product for Management of Biological
Experiment Information**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicat

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,645	7/25/2000	
60/220,587	7/25/2000	
60/226,999	8/22/2000	
60/273,231	3/2/2001	

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+ Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (1

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365 of any PCT International application design the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in t prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the c to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of th prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached heret

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in

Patent and Trademark Office connected therewith

☐ Customer Number

OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Vern Norvlel	32,483	Philip L. McGarrigle	31,395
Wei Zhou	44,419	Alan B. Sherr	42,147

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number or Bar Code Label

22886

OR

☒ Correspondence address b

Name	Aftymetrix, Inc.				
Address	General IP Counsel - Legal Department				
Address	3380 Central Expressway				
City	Santa Clara	State	CA	ZIP	95051
Country	USA	Telephone	408/731-5000	Fax	408/731-5392

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief a believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made a punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of th application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Derek		Bernhart	
Inventor's Signature			Date
Residence: City	San Jose	State	CA
	Country	USA	Citizenship
Post Office Address	3200 Payne Avenue - Apt 925		
Post Office Address			
City	San Jose	State	CA
	ZIP	95117	Country
	USA		

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (1)

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Residence: City		State	Country
Mailing Address		Citizenship	
City		State	Country
Mailing Address		Citizenship	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Residence: City		State	Country
Mailing Address		Citizenship	
City		State	Country
Mailing Address		Citizenship	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Residence: City		State	Country
Mailing Address		Citizenship	
City		State	Country
Mailing Address		Citizenship	

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